



10/24/97

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PTO/SB/05 (8-96)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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NEW UTILITY PATENT APPLICATION TRANSMITTAL <i>(to be used for new applications only)</i>	Attorney Docket Number	
	First Named Inventor	JAMES A. WILLIAMS
	Total Pages in this Submission	

APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS						
<p><i>Notice: Checklist items mentioned under Application Elements section construct a new utility patent application. Please refer to MPEP Sections 506, 601, (37CFR 1.77, 1.53, 35 USC 111, 112, 113) for detailed explanation regarding completeness of an original patent application.</i></p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (prescribed filing fee(s))</p> <p>2. <input checked="" type="checkbox"/> Specification</p> <p> <input checked="" type="checkbox"/> Title of the Invention</p> <p> <input checked="" type="checkbox"/> Cross References to Related Applications (if applicable)</p> <p> <input checked="" type="checkbox"/> Statement Regarding Federally-sponsored Research/Development (if applicable)</p> <p> <input checked="" type="checkbox"/> Reference to Microfiche Appendix (if applicable)</p> <p> <input checked="" type="checkbox"/> Background of the Invention</p> <p> <input checked="" type="checkbox"/> Brief Summary of the Invention</p> <p> <input checked="" type="checkbox"/> Brief Description of the Drawings (if drawings filed)</p> <p> <input checked="" type="checkbox"/> Detailed Description</p> <p> <input checked="" type="checkbox"/> Claim or Claims</p> <p> <input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (when necessary as prescribed by 35 USC 113)</p> <p>4. <input checked="" type="checkbox"/> Executed Declaration</p> <p>5. <input checked="" type="checkbox"/> Genetic Sequence Submission (if applicable, all must be included)</p> <p> <input checked="" type="checkbox"/> Paper Copy</p> <p> <input type="checkbox"/> Computer Readable Copy</p> <p> <input type="checkbox"/> Statement Verifying Identical Paper and Computer Readable Copy</p>	<p>6. <input type="checkbox"/> Assignment Papers</p> <p>7. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>8. <input type="checkbox"/> Computer Program in Microfiche</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Petition Checklist and Accompanying Petition</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Proprietary Information</p> <p>14. <input type="checkbox"/> Return Receipt Postcard</p> <p>15. <input checked="" type="checkbox"/> Small Entity Statement</p> <p>16. <input checked="" type="checkbox"/> Additional Enclosures (please identify below):</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
<table border="1"> <tr> <td>Firm or Individual name</td> <td>JAMES A. WILLIAMS</td> </tr> <tr> <td>Signature</td> <td>James A. Williams</td> </tr> <tr> <td>Date</td> <td>10-27-97</td> </tr> </table>		Firm or Individual name	JAMES A. WILLIAMS	Signature	James A. Williams	Date	10-27-97
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FOR OFFICIAL USE ONLY					
Application Number		Class		Independent Claims	
Date of Receipt	Application Type	GAU		Total Claims	
	Filing Date	Foreign Filing License?		Drawing Sheets	
	Small Entity	Foreign Address?		Special Handling?	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1>		Complete if Known	
		Application Number	
		Filing Date <u>10-17-97</u>	
		First Named Inventor <u>James A. Williams</u>	
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT (\$)		385.00	
		Attorney Docket Number	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.18 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <h3 style="text-align: center; margin: 0;">FEE CALCULATION (fees effective 10/01/96)</h3> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h4 style="margin: 0;">1. 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149	770	249	385	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																																																																																																																																																																																																											
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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		<u>JAMES A. Williams</u>		Reg. Number	
Signature		<u>James A. Williams</u>		Deposit Account User ID	
		Date <u>10-17-97</u>			